

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

In re:

César Javier Torres Rosario & Di Evana Pérez

Debtor(s)

Case No.: 16-00316-MCF

Chapter 13

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

TO THE HONORABLE COURT:

NOW APPEARS, Petitioner Dilks & Knopik, LLC, as attorney in fact of César Javier Torres Rosario and Di Evana Pérez, last four digits of SSN/EIN 8177 and 4664, respectively; R-8 William Santiago Street, Caguas, P.R., 00725, through the undersigned counsel and respectfully requests pursuant to Puerto Rico Local Bankruptcy Rule 3011(b), states that Petitioner became entitled to receive \$7,786.20 as distributions in the above-entitled case, and now appears in the records of this Court as the owner of said funds. The amount requested is being held in the Treasury of the United States as unclaimed funds.

Petitioner represents it is entitled to receive the requested funds based upon Petitioner is the owner.

The Petitioner submits with this petition the following documents in Exhibit A as proof of the Petitioner's identity and status, and the owner's claim of entitlement:

1. Limited Power of Attorney for César Torres Rosario and Di Evana Pérez Neris, dated August 23, 2018.
2. Driver's license of César Javier Torres Rosario issued by the Commonwealth of Puerto Rico.
3. Driver's license of Di Evana Pérez Neris issued by the Commonwealth of Puerto Rico.
4. Vendor Information Certification for César Javier Torres Rosario, dated September 5, 2018.
5. Vendor Information Certification for Di Evana Pérez Neris, dated September 5, 2018.
6. U.S. Bankruptcy Court Funds Locator evidencing unclaimed funds in the amount of \$7,786.20.

Therefore, we inform the Court that the Petitioner's postal address for the receipt of disbursement is the following: 35308 SE Center St., Snoqualmie, WA 98065.

WHEREFORE, it is respectfully requested that the Court take notice of the foregoing and requests that it enter an order directing payment of the unclaimed funds to the Petitioner, in accordance with the documents and information submitted in support of this petition.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico on this 12th day of February, 2019.

CERTIFICATE OF SERVICE:

I HEREBY CERTIFY that the foregoing document has been electronically filed with the Clerk of the Court using the CM/ECF system which will send notification of such filing to all attorneys of record registered in the use of the CM/ECF system.

I HEREBY CERTIFY that on this date a true and correct copy has been served through regular mail to the debtor, debtor's attorney, the trustee, the United States Trustee and the United States Attorney at the addresses of record with this honorable Court if such are not registered in the use of the CM/ECF system.

SÁNCHEZ PIRILLO LLC

Attorney for Petitioner

PO Box 11917

San Juan, PR 00922-1917

Tel.: (787) 522-6776

Fax: (787) 522-6777

E-mail: ttorres@sanpir.com

By: /s/ Tania Torres Halais

Tania Torres Halais

USDC-PR No. 229505

UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

RE: Cesar Javier Torres Rosario & Di
Evana Perez Neris

Case: 16-00316-MCF

Debtor(s)

AUTHORITY TO ACT
Limited Power of Attorney
LIMITED TO ONE TRANSACTION

USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE

1. Cesar Javier Torres Rosario & Di Evana Perez Neris ("CLIENT"), appoints Dilks & Knopik, LLC ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of \$7,786.20 (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

Cesar Javier Torres Rosario
Tax ID: XXX-XX-8177

23/AUGUST, 2018
Date

Di Evana Perez Neris
Tax ID: XXX-XX-4664

23/AUGUST, 2018
Date

AFF.# 6119

ACKNOWLEDGMENT

STATE OF P.R.

COUNTY OF CAGUAS

On this 23 day of AUGUST, 2018, before me, the undersigned Notary Public in and for the said County and State, personally appeared Cesar Javier Torres Rosario & Di Evana Perez Neris known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

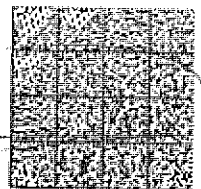
NOTARY PUBLIC

Residing at CAGUAS, P.R.

My Commission expires N/A



Sello



9397
GC 10.2018
\$5.00

Sello de Asistencia Legal
80090-2018-0810-16417072



AO 213
(Rev. 06/12)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

Sensitive Information
VENDOR INFORMATION/TIN CERTIFICATION

☐ Ex-AO Employee
☐ SAM Vendor
(Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input checked="" type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: Cesar Javier Torres Rosario	Address:
Business Name: (If different from above)	City:
Address 1: C/o Dilks & Knopik, LLC	State: Zip Code:
Address 2: 35308 SE Center Street	Telephone #:
City: Snoqualmie	Description: (If needed)
State: WA Zip Code: 98065	
Taxpayer Identification #: 581-75-8177 (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- ☐ sole proprietorship; ☐ partnership;
☐ corporate entity (not tax-exempt); ☐ corporate entity (tax-exempt);
☐ health care provider; ☒ other: N/A - Individual
☐ government entity (write in either federal, state or local)

Court ordered unclaimed funds payment

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213
(Rev. 06/12)

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business ☒ Not Applicable
- ☐ Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - ☐ Asian-Pacific American ☐ Black American ☐ Subcontinent Asian (Asian-Indian) American
 - ☐ Hispanic American ☐ Native American ☐ Other: _____

Date: 9/5/19

[Signature]
Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (*make entry only if change*)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly.

For "AO" FAS4T Users only, e-mail the completed form to: AODB_Client_Service_Desk@DCA/AOR/COURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

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(Rev. 06/12)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
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Name: Di Evana Perez Neris	Address:
Business Name: (If different from above)	City:
Address 1: C/o Dilks & Knopik, LLC	State: Zip Code:
Address 2: 35308 SE Center Street	Telephone #:
City: Snoqualmie	Description: (If needed)
State: WA Zip Code: 98065	
Taxpayer Identification #: 582-77-4664 (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input checked="" type="checkbox"/> other: N/A - Individual |
| <input type="checkbox"/> government entity (write in either federal, state or local) | |

Court ordered unclaimed funds payment

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 - ☐ Hispanic American ☐ Native American ☐ Other: _____

Date: 9/5/18

[Signature]

Vendor's signature

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U.S. Bankruptcy Unclaimed Funds Locator

[Home](#) [About](#)

Case Number: 16-00316

Total: \$7,786.20

Last/Business Name: CESAR JAVIER TORRES ROSARIO

First Name:

Creditors **1**[Edit Search](#)

	Last Name	First Name	Amount
<input checked="" type="checkbox"/>	TORRES ROSARIO	CESAR	\$7,786.20